

FINANCIAL GOVERNMENTAL PAYMENT REPORT

Sponsor: _____
Name of Airport: _____
Fiscal Year Ended: _____

Payments to other government units

Government Entity: _____		
Payee - Department or Agency	Purpose	Amount
1	Law Enforcement	
2	Firefighting	
3	Legal Services	
4	Engineering	
5	Procurement	
6		
7		
8		
9		
10		
11		

Payments to other government units

Government Entity: _____		
Payee - Department or Agency	Purpose	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		

Services and property provided to other government units

Government Entity: _____			
Recipient - Department or Agency	Property/Service Provided	Value/Cost	Compensation Rec'd
1			
2			
3			
4			
5			
6			
7			
8			

Services and property provided to other government units

Government Entity: _____			
Reipient - Department or Agency	Property/Service Provided	Value/Cost	Compensation Rec'd
1			
2			
3			
4			
5			
6			
7			
8			

Total of cash and investments held in airport accounts at the end of the fiscal year:

In compliance with § 47107(a)(19) of Title 49 United States Code.

Please complete this form noting fees and service provided to and received from other governments. Please list each government if more than one.

I certify that the information on this form is true and accurate to the best of my knowledge and belief.

Authorized Representative

Date

Title

FAA Form 5100-126 (xx)

AGENCY DISPLAY OF ESTIMATED BURDEN.

The FAA estimates that the average burden for this report form is 3 hours per response. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to the Office of Management and Budget. You may also send comments to the Federal Aviation Administration, Program Support Branch, ARP-11, 800 Independence Avenue, SW, Washington, DC 20591, Attention: OMB Number 2120-0557.